

## **ESTABLISHING PARENTS/PARENTS-IN-LAW, STEPPARENTS AND PARENTS-BY ADOPTION AS DEPENDENTS**

SUBJECT: Establishing Parents/Parents-In-Law, Stepparents and Parents-by-Adoption as Dependents

1. **PURPOSE:** To provide information regarding the procedures on processing requests for dependency for parents/parents-in-law, stepparents and parents-by-adoption.
2. **REFERENCE:** AR 600-8-14, Identification Cards for Members of the Uniformed Services, Their Family Members, and Other Eligible Personnel (Joint Regulation also known as Air Force Instruction (AFI) 36-3026(I)).
3. **ELIGIBILITYCRITERIA:** Parents/Parents-in-law, stepparents, and parents-by-adoption are entitled to ID cards if certain requirements are met:
  - a. The parent (father, mother, father-in-law, mother-in-law, stepparent, or parent-by-adoption) must be dependent on an authorized sponsor for over half of his/her support, or was at the time of the sponsor's death.
  - b. The parent must also be living in a household with the sponsor or one maintained by the sponsor to qualify for full benefits and privileges.
4. **APPLICATION:** Eligibility determination requests will be sent to the Defense Finance and Accounting Service (DFAS) either by mail or fax to:

**Defense Finance and Accounting Service – Indianapolis Center, DFAS-IN**  
**ATTN: Director of Military Personnel, Special Assist Division, Dependency/Garnishment**  
**8899 East 56<sup>th</sup> Street**  
**Indianapolis, IN 46249-0855**

**Fax#: DSN 699-2331/2332/7915 or COM (317) 510-2331/2332/7915**  
**Tel #: DSN 699-2822/2823 or COM (317) 510-2822/2823**

### **Documentation required:**

- DD Form 1172, Application for Uniformed Services Identification Card DEERS Enrollment (have your servicing PD verify this form in Section IV, Blocks 92~99)
- Proof of relationship - birth certificate of the sponsor or spouse; adoption papers. If showing relationship for parents-in-law, include copy of sponsor's marriage certificate.
- DD Form 137-3, Dependency Statement – Parent (this is an affidavit from the parents/parents-in-law; ensure it is notarized)
- Memorandum from the sponsor stating:
  - Whether the parent was claimed as an exemption on the last income tax return. If so, include the name/location of the Internal Revenue district to which the return was submitted, or if not, the reason.
  - Whether the parent is occupying government quarters or one that is maintained by the sponsor, and for what periods.

- The total contributions made by the sponsor toward the support of the parent. Include all cash and the reasonable value of all items such as quarters and subsistences furnished.

Notes:

1. *If any of the statements listed above have already been furnished to DFAS-IN in connection with a current claim for quarters or other allowances, this may be noted in the "Remarks" section (Block 89) of the DD Form 1172.*

2. *All supporting documents furnished to DFAS-IN must be certified true copies by the Legal Office or notary public. Documents will be returned to the sponsor or applicant after verification is made by DFAS-IN.*

5. APPROVAL AUTHORITY: Upon approval from DFAS-IN, the ID card work center will issue the ID card and enroll the parent(s) in DEERS, if not presently enrolled.

6. DISCUSSION:

a. Subsequent applications for an ID card must be forwarded to DFAS-IN for determination. Indicate in the "Remarks" section (Block 89) of DD Form 1172 "A previous determination was made on (date)."

b. Parents are not eligible for CHAMPUS benefits; they can only be entitled for:

- Medical care in Uniformed Services Medical Care Facilities
- Commissary
- MWR
- Exchange

c. Complete details of this information paper can be found in AR 600-8-14, Chapter 2 Section 2F, Chapter 7 Para 7.10, Attachment 2 Table A2.7, and Attachment 5 Rule 11 of Table A5.1.

# APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT

Form Approved  
OMB No. 0704-0020  
Expires Jul 31, 2005

SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle)					2. SEX	3. SSN (or SN)		4. STATUS		5. BR OF SERVICE							
	6. PAY GRADE		7. RANK		8. GEN. CAT		9. TYPE OF CARD ISSUED		10. ID NO.		11. LAST UPDATE (YYYYMMDD)							
	13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION												
	15. CITY			16. STATE		17. ZIP CODE			18. COUNTRY		19. UIC		20. HOME TELEPHONE NO. (Include Area Code)					
	21. DATE OF BIRTH (YYYYMMDD)		22. BLOOD TYPE		23. COLOR EYES		24. COLOR HAIR		25. HEIGHT		26. WEIGHT		27. MEDICARE		28. MARITAL STATUS			
	29. ELIG ST/MC EFF DATE (YYYYMMDD)		30. CARD EX/ELIG END DATE (YYYYMMDD)		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) <div> <div>Medical</div> <div>Civilian</div> <div>Medical</div> <div>Service</div> <div>Commissary</div> <div>Exchange</div> <div>Unlimited</div> <div>Exchange</div> <div>Limited</div> <div>Morale, Welfare</div> <div>&amp; Recreation</div> </div>								32. END ELIG REASON					
SECTION II DEPENDENT INFORMATION	33. NAME (Last, First, Middle)					34. SEX	35. RELATIONSHIP		36. SSN		37. ID NO.							
	38. LAST UPDATE (YYYYMMDD)		39. V/I		40. CURRENT RESIDENCE ADDRESS					41. SUPPLEMENTAL ADDRESS INFORMATION								
	42. CITY			43. STATE		44. ZIP CODE			45. COUNTRY		46. HOME TELEPHONE NO. (Include Area Code)		47. DATE OF BIRTH (YYYYMMDD)					
	48. MBI		49. STU		50. INCAP		51. MEDICARE		52. COLOR EYES		53. COLOR HAIR		54. HEIGHT		55. WEIGHT		56. MARITAL STATUS DATE (YYYYMMDD)	
	57. ELIG ST/MC EFF DATE (YYYYMMDD)		58. CARD EX/ELIG END DATE (YYYYMMDD)		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) <div> <div>Medical</div> <div>Civilian</div> <div>Medical</div> <div>Service</div> <div>Commissary</div> <div>Exchange</div> <div>Unlimited</div> <div>Exchange</div> <div>Limited</div> <div>Morale, Welfare</div> <div>&amp; Recreation</div> </div>								60. END ELIG REASON					
	61. NAME (Last, First, Middle)					62. SEX	63. RELATIONSHIP		64. SSN		65. ID NO.							
	66. LAST UPDATE (YYYYMMDD)		67. V/I		68. CURRENT RESIDENCE ADDRESS					69. SUPPLEMENTAL ADDRESS INFORMATION								
	70. CITY			71. STATE		72. ZIP CODE			73. COUNTRY		74. HOME TELEPHONE NO. (Include Area Code)		75. DATE OF BIRTH (YYYYMMDD)					
	76. MBI		77. STU		78. INCAP		79. MEDICARE		80. COLOR EYES		81. COLOR HAIR		82. HEIGHT		83. WEIGHT		84. MARITAL STATUS DATE (YYYYMMDD)	
	85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) <div> <div>Medical</div> <div>Civilian</div> <div>Medical</div> <div>Service</div> <div>Commissary</div> <div>Exchange</div> <div>Unlimited</div> <div>Exchange</div> <div>Limited</div> <div>Morale, Welfare</div> <div>&amp; Recreation</div> </div>								88. END ELIG REASON					
SECTION III SPONSOR DECLARATION AND REMARKS	89. REMARKS (Cite legal documentation, as applicable.)											NOTARY SIGNATURE AND SEAL						
	<p>I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)</p>																	
	90. SIGNATURE											91. DATE SIGNED (YYYYMMDD)						
SECTION IV VERIFIED BY	92. TYPED NAME (Last, First, Middle)					93. PAY GRADE		94. UNIT/COMMAND NAME										
	95. TITLE			96. UIC		97. DUTY PHONE NO.			98. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)									
	99. SIGNATURE					100. DATE VERIFIED (YYYYMMDD)												
SECTION V ISSUED BY	101. TYPED NAME (Last, First, Middle)					102. PAY GRADE		103. UNIT/COMMAND NAME										
	104. TITLE			105. UIC		106. DUTY PHONE NO.			107. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)									
	108. SIGNATURE					109. DATE ISSUED (YYYYMMDD)												
SECTION VI RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED																	
	110. SIGNATURE											111. DATE ISSUED (YYYYMMDD)						

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0020), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS.  
RETURN COMPLETED FORM TO THE UNIFORMED SERVICE ID CARD ISSUING FACILITY.**

## **SECTION VII - PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. sections 1061 - 1065, 1072 - 1074, 1074a - 1074c, 1076, 1076a, 1077, 1095(k)(2), E.O. 9397.

**PRINCIPAL PURPOSE(S):** To apply for the Uniformed Services Identification Card and/or DEERS Enrollment.

**ROUTINE USE(S):** To appropriate business entities, individual providers of care, and others, on matters relating to claims adjudication, program abuse, utilization review, professional quality assurance, medical peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation.

To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program.

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System. Failure to provide a beneficiary's Social Security Number renders that beneficiary ineligible for health care services in Military Treatment Facilities. However, emergency health care services will be provided to the extent furnished members of the general public.

## **SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT**

I understand that the actions of the recipient(s) of the "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical and dental care, exchange, commissary, and morale, welfare, and recreation programs. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to

availability of space, facilities, and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical and dental care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Service Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, and certain disabled beneficiaries under 65, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

**PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS  
IN CONNECTION WITH CLAIMS: FINE OF UP TO \$10,000 OR  
IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.**

*(ACT June 25, 1948, 18 U.S. Code 287, 1001)*

<b>DEPENDENCY STATEMENT - PARENT</b>	<b>CONTROL NUMBER</b>	<i>Form Approved</i> <i>OMB No. 0730-0014</i> <i>Expires May 31, 2004</i>
The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0014), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.</b>		
<b>PRIVACY ACT STATEMENT</b>  <b>AUTHORITY:</b> 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; EO 9397, November 1943.  <b>PRINCIPAL PURPOSE:</b> To obtain information to determine dependency upon service member.  <b>ROUTINE USE(S):</b> Copies of the dependency statement, related correspondence, and information from either may be furnished to the FBI for law enforcement; the IRS and state and local taxing agencies for tax administration; the VA to determine entitlement and prevent duplication of payment; the Defense Finance and Accounting Service for final determination in appeal cases; welfare agencies to prevent duplication of payment; and the American Red Cross (ARC) for locator purposes and to aid in delinquent loans owed to ARC.  <b>DISCLOSURE:</b> Voluntary; however, the SSN is used for positive identification and if the required information is not furnished, the member's application may be disapproved.		
<b>INSTRUCTIONS</b>  The member must complete Items 1 and 2, and sign and date the form. Parent or parent(s) representative (if parent is unable to complete the form due to health or physical disability) must complete Items 3 through 12, sign and date the form, and have the form notarized. If a representative completes the form for the parent(s), include in the Remarks section the name of the individual, the relationship, and the reason the form was not completed by parent(s). If the member is deceased, information furnished must reflect the 12 months prior to member's death.  <b>NOTES:</b> Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application. Verification of all income is required. Proof of member's contribution is required when applying for Basic Allowance for Housing (BAH). Parent must be more than 50% dependent upon member.		
<b>1. ENTITLEMENTS REQUESTED</b> <i>(X and complete as applicable)</i>		
<b>a. TYPE</b> <input type="checkbox"/> BAH <input type="checkbox"/> USIP CARD <input type="checkbox"/> TRAVEL ALLOWANCE	<b>b. FIRST APPLICATION?</b> <input type="checkbox"/> YES <i>(If No, give date of last application)</i> <input type="checkbox"/> NO <i>(YYYYMMDD)</i> _____	<b>c. LAST APPLICATION WAS</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<b>2. MEMBER INFORMATION</b>		
<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>  _____	<b>b. SSN</b>  _____	<b>c. RANK</b>  _____
<b>d. STATUS</b> <i>(X and complete as applicable)</i> <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> DECEASED <i>(Date of death) (YYYYMMDD)</i> _____ <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER <i>(Specify)</i> _____		
<b>e. COMPLETE RESIDENCE ADDRESS</b> <i>(Street, Apartment Number, City, State, ZIP Code)</i>  _____		
<b>f. COMPLETE MILITARY ADDRESS</b> <i>(Include assignment: squadron and base)</i>  _____		
<b>g. TELEPHONE NUMBERS</b> <i>(Include DSN or Area Code)</i> (1) WORK _____ (2) HOME _____	<b>h. E-MAIL ADDRESS</b>  _____	<b>i. MARITAL STATUS</b> <i>(X one)</i> <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED
<b>3. PARENT(S) INFORMATION</b>		
<b>a. (1) NAME</b> <i>(Last, First, Middle Initial)</i>  _____	<b>b. (1) NAME</b> <i>(Last, First, Middle Initial)</i>  _____	
<b>(2) SSN</b>  _____	<b>(3) DATE OF BIRTH</b> <i>(YYYYMMDD)</i>  _____	
<b>(4) RELATIONSHIP</b>  _____	<b>(4) RELATIONSHIP</b>  _____	

<b>3. PARENT(S) INFORMATION</b> <i>(Continued)</i>			
<b>a.</b> (5) COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>		<b>b.</b> (5) COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>	
<b>(6) TELEPHONE NUMBER</b> <i>(Include Area Code)</i>		<b>(6) TELEPHONE NUMBER</b> <i>(Include Area Code)</i>	
<b>(7) PRESENT OCCUPATION OR BUSINESS</b>		<b>(7) PRESENT OCCUPATION OR BUSINESS</b>	
<b>(8) NAME AND ADDRESS OF EMPLOYER</b> <i>(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)</i>		<b>(8) NAME AND ADDRESS OF EMPLOYER</b> <i>(If unemployed, state reason, date unemployment began, and date employment is expected to resume.)</i>	
<b>c. MARITAL STATUS</b> <i>(X one)</i> <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> LIVING APART UNDER LEGAL SEPARATION <input type="checkbox"/> WIDOWED		<b>d. IF SPOUSE IS DECEASED OR LEGALLY SEPARATED FROM PARENT, GIVE DATE OF DEATH, DIVORCE, OR SEPARATION</b> <i>(YYYYMMDD)</i>	
<b>e. IF PARENT AND SPOUSE LIVE APART OR SPOUSE DOES NOT SUPPORT PARENT, GIVE REASON:</b> <div style="height: 40px;"></div>			
<b>f. CHILDREN</b> <i>(List all parent's living children regardless of age. Show the average monthly contribution to parent from each child. Continue in Remarks section if more space is needed.)</i>			
(1) NAME <i>(Last, First, Middle Initial)</i>	(2) SSN <i>(Service Members Only)</i>	(3) BRANCH OF SERVICE <i>(If on Active Duty)</i>	(4) MONTHLY CONTRIBUTION TO PARENT
<b>g. DOES ANY OTHER CHILD CLAIM PARENT FOR BAH, TRAVEL ALLOWANCE, OR USIP CARD?</b> <i>(If Yes, give child's name, SSN, and branch of service.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>4. PARENT'S RESIDENCE</b>			
<b>a. TYPE OF RESIDENCE</b> <i>(X and complete as applicable)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> HOME OR APARTMENT OF PARENT  <input type="checkbox"/> HOME OR APARTMENT OF MEMBER  <i>(Date began residing with member)</i> </div> <div style="width: 45%;"> <input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE <i>(State relationship)</i>  <input type="checkbox"/> HOSPITAL OR INSTITUTION  <input type="checkbox"/> OTHER <i>(Explain)</i> </div> </div>			
<b>b. OWNER OF RESIDENCE</b> <div style="display: flex;"> <div style="flex: 1;">(1) NAME <i>(Last, First, Middle Initial)</i></div> <div style="flex: 2;">(2) ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i></div> </div>			
<b>c. IS RESIDENCE SUBSIDIZED HOUSING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>d. DATE PARENT STARTED LIVING AT CURRENT ADDRESS</b> <i>(YYYYMMDD)</i>	<b>e. IS CURRENT ADDRESS PARENT'S PERMANENT ADDRESS?</b> <input type="checkbox"/> YES <i>(If No, explain where else parent lives and number of months there each year.)</i> <input type="checkbox"/> NO	

**5. PERSONS LIVING IN HOUSEHOLD WITH PARENT**

List all persons who live in the household, including claimed parent. If employed, show hours per week worked. Continue in Remarks if more space is needed.

a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP TO PARENT	c. AGE	d. MARRIED (X)		e. EMPLOYED		f. MONTHLY CONTRIBUTION TO PARENT
			YES	NO	HOURS PER WEEK	NO (X)	

**6. HOUSEHOLD EXPENSES**

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If parent resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If parent does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section. However, if parent resides in and owns home mortgage free, enter "None" in mortgage/rent/FRV block.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the parent lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. <i>(X one)</i> <input type="checkbox"/> RENT <input type="checkbox"/> FRV <input type="checkbox"/> MORTGAGE <i>(Specify amount of tax and insurance if applicable)</i> TAX INSURANCE			d. FURNITURE AND APPLIANCES		
			e. REPAIRS ON HOME		
b. FOOD			f. OTHER <i>(Itemize in Remarks section)</i>		
c. UTILITIES <i>(Heat, power, water, and telephone)</i>					

**7. PARENT'S PERSONAL EXPENSES**

List personal expenses for parent, parent's spouse, and their unmarried minor children who are not fully employed and who live in the same household. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the parent's personal expenses regardless of who is paying for them.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS <i>(If auto is registered in parent's name)</i>		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTATION PAYMENTS <i>(Include gas, oil, insurance, repairs, and public transportation)</i>		
c. MEDICAL <i>(Do not include expenses paid by insurance, welfare, or Medicare)</i>			i. SCHOOL EXPENSES <i>(Itemize)</i>		
d. VALUE OF USIP CARD <i>(Verification of amount is required)</i>			j. OTHER EXPENSES <i>(Itemize)</i>		
e. PERSONAL INSURANCE <i>(Specify)</i>					
f. PERSONAL TAXES <i>(Specify)</i>					

**8. PARENT'S ASSETS**

List all assets such as real estate (including home), personal property, farm and/or business equipment, automobiles, trucks, cash, savings of any type, stocks, bonds, etc., whether owned separately by parent, jointly with spouse, or jointly by parent or spouse with another person. Assets must be listed even though parent may not be using the income earned by these assets, but is allowing the interest of dividends to accrue.

a. DESCRIPTION	b. PRESENT VALUE	c. PARENT'S EQUITY

d. IS PARENT LIQUIDATING ASSETS? (For example, is parent withdrawing money from savings, or selling stocks and bonds?)

☐ YES. IF YES, HOW MUCH OF PARENT'S CAPITAL IS USED MONTHLY? \$

☐ NO EXPLAIN:

**9. PARENT'S INCOME**

All gross income received by parent and parent's spouse, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. If any income received includes funds for children, be sure to show the amount received for them. List income for parents and children separately. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PARENT/ CHILDREN	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			i. SCHOLARSHIPS OR EDUCATIONAL GRANTS	Parent		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.				Children		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION (Specify type)			j. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR (Specify type)	Parent		
				Children		
d. NET INCOME FROM RENTAL PROPERTY, BUSINESS AND FARMING (Specify type and explain in Remarks section)			k. SUPPLEMENTAL SECURITY INCOME (SSI)	Parent		
				Children		
e. FOREIGN PENSION PAYMENTS (Specify type and if received based on previous employment, parent's need, age, military service, etc., in Remarks section)			l. VETERANS ADMINISTRATION PAYMENTS (Specify type)	Parent		
				Children		
f. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			m. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN (Include agency and address in Remarks section)	Parent		
g. TAX REFUNDS (Specify)				Children		
h. OTHER (Specify)			n. PAYMENT OR ALIMONY FROM SEPARATED OR DIVORCED SPOUSE	Parent		
				Children		

o. HAS PARENT OR SPOUSE APPLIED FOR ANY TYPE OF PENSION, SOCIAL SECURITY, VA, DISABILITY, UNEMPLOYMENT, OR RETIREMENT PAYMENTS NOT YET RECEIVED? (If Yes, explain.)

☐ YES ☐ NO

IF PARENT OR SPOUSE HAS REACHED THE ELIGIBILITY AGE FOR SOCIAL SECURITY BENEFITS (Unremarried widow or widower, 60 or older, retired, 62 or older), BUT DOES NOT RECEIVE THEM, FURNISH DISALLOWANCE LETTER FROM THE SOCIAL SECURITY ADMINISTRATION.



<b>10. MEMBER'S CONTRIBUTION</b>					
a. SHOW THE TOTAL AMOUNT THE MEMBER GAVE PARENT, OR PAID IN PARENT'S BEHALF FOR EACH OF THE PAST 12 MONTHS.					
(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT
b. MEMBER PROVIDES SUPPORT BY <i>(X one)</i> <i>(Verification documentation is required for BAH claims)</i>		<input type="checkbox"/> ALLOTMENT <input type="checkbox"/> OTHER <i>(Explain)</i>	<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> MONEY ORDER	
11. REMARKS <i>(Use back if necessary)</i>					

**READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.**

**NOTE:** Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

<b>12. SIGNATURES</b>			
a. PARENT(S) I, _____ <i>(print name)</i> and _____ <i>(print name)</i> will immediately notify the service concerned of any changes in residency, financial circumstances, or dependency upon the member.			
(1) PARENT'S SIGNATURE	(2) DATE SIGNED <i>(YYYYMMDD)</i>	(3) PARENT'S SIGNATURE	(4) DATE SIGNED <i>(YYYYMMDD)</i>
b. NOTARY PUBLIC Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s). This _____ day of _____, _____, at city (or town) of _____, county of _____, and state (or territory) of _____.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ <i>(Official Seal)</i></p> </div> <div style="width: 45%;"> <p>_____ <i>(Notary)</i></p> <p>_____ <i>(Official Title)</i></p> </div> </div>			
c. MEMBER			
(1) SIGNATURE		(2) DATE SIGNED <i>(YYYYMMDD)</i>	